

STOCKSBRIDGE

Urban District Council



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1948.

DEEPCAR :

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1949.

Stocksbridge Urban District Council

PUBLIC HEALTH COMMITTEE, 1948.

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Sanitary Inspector and Surveyor.

DOUGLAS E. ROBINSON, M.S.I.A., Cert. M. & F.I.

Stocksbridge Urban District Council.

Annual Report of the Medical Officer of Health for 1948.

**TO THE CHAIRMAN AND MEMBERS OF THE STOCKSBRIDGE
URBAN DISTRICT COUNCIL.**

LADY AND GENTLEMEN,

I have the honour to submit my Annual Report upon the Health Services of the Stocksbridge Urban District for the year ended 31st December, 1948.

The Ministry of Health in a circular dated 17th January, 1949, suggested that the report for 1948 should follow upon fairly similar lines to those of previous years. At the same time the Ministry asked for certain detailed information concerning such matters as water supplies, drainage and sewerage, inspection of meats and other foods, and the administration of the Factories Act, 1937. So far as your district is concerned the water supply is very satisfactory; after all, 2,736 houses out of a total of 2,954 receive a public supply. The remaining houses receive water from private sources, and while some have occasion to be suspect, every effort has been made to deal with any suspicious supply. There have been no complaints of an unsatisfactory water supply, either qualitatively or quantitatively during the year.

Medical Officers of Health for areas which constitute Local Health Authorities have been asked to submit a short review of the working of Part III of the National Health Service Act, 1946, in respect of their areas during the first six

months, i.e. from the 5th July to 31st December, 1948. The West Riding County Council is the Local Health Authority so far as your district is concerned, and the County Medical Officer will prepare the required review. I feel that County District Councils have such limited administrative control so far as health matters are concerned, that some information as to how the respective districts fare should be included in this Annual Report. As Divisional Medical Officer in this Division of the West Riding Preventive Health Services scheme I propose to include in this report some such statistics. Of course, one cannot give statistics exclusive to each separate County District in the Division, as there is the natural overlapping of services such as Midwifery, Home Nursing, Health Visiting, Clinics, etc., as can be expected in such a comprehensive Division. I have, however, tried to indicate where possible exclusive County District data.

The Vital Statistics for the year under review are quite favourable as compared with the rest of the Country. Once again, as in recent years, the Registrar General has been unable to give us a comparability factor which enables us by its application to certain rates, to render those rates comparable with others throughout the Country. However, in tabular form below I have set out the various rates which are of interest, and a glance at those will give a brief statistical picture of the conditions in the Stocksbridge Urban District.

The Birth Rate has gone down from 22.6 per 1,000 of the population to 19.9. This is a better rate than for England and Wales, and, also, it compares favourably with the aggregate for Urban Districts in the administrative County of the West Riding, and for the administrative County of the West Riding as a whole. In the Country generally there was a fall in the Birth Rate, although the effective reproduction rate (provisional) it still above par.

The Crude Death Rate for the Stocksbridge Urban District has fallen from 11.9 in 1947 to 7.7 in 1948. So far as I can trace back this is the lowest Death Rate ever recorded in the Stocksbridge Urban District. This rate compares favourably with those for the aggregate of Urban Districts in the administrative County of the West Riding and for the administrative County as a whole. It also compares favourably with the general Death Rate for England and Wales, which was the lowest ever recorded in this Country.

The Still Birth Rate has slightly increased, and is higher than that for the Country generally.

The Infantile Mortality Rate has also dropped, and is 24 per 1,000 related Live Births, as compared with the figure of 27 in 1947. The figure ought to be lower even yet. In 1945 we had as low a rate as 5, which was remarkable, particularly when it followed a very high rate of 40 in 1944. The Infantile Death Rate is always understood to be about the most delicate index of the health of the district. It is very gratifying to see that the rate is going down throughout the whole Country. The rate for Stocksbridge compares favourably with the rate for the Country generally, which at 34 per 1,000 Live Births (related), is the lowest ever recorded. In fact this is the first occasion the Country has had a rate below 40. The years of effort to improve Ante-natal services, Midwifery services, Care and Welfare of Premature Babies, Health Visiting and other important socio-medical schemes, are reaping a reward. The results are there to be seen in the general tumbling down of the Infantile Mortality Rate to a reasonable figure, but it must come lower yet. I have no doubt that the Preventative Medicine and Social Medicine Practitioners, by their combined efforts, will bring that figure to the desired limit.

In conclusion. I would like to put on record my thanks for the loyal help afforded me by my Deputy, Dr. W. Ferguson. Towards the end of the year he obtained a senior post in the North Riding of Yorkshire, and he leaves early in 1949. I would also like to offer my thanks to the Chairman and members of the Health Committee for their generous support throughout the year. To the Clerk, the Deputy Clerk and other officials I extend my gratitude for their kind co-operation. I also place on record my deep sense of gratitude for the loyalty and devotion to duty at all times of my Sanitary Inspector, Mr. Robinson.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF.

The Stocksbridge Urban District covers an area of 4,631 acres. The number of inhabited houses at the end of 1948 was 2,954. The rateable value of the district is £51,498 while the product of a penny rate is £191 as at 31st March, 1949.

VITAL STATISTICS.

Population. The Registrar General has given his estimation of the population as 10,190. This is an increase of 283 as compared with the 1947 figure.

Births. There were 203 live births registered during 1948 in the district. Of these 94 were males and 109 females. This is a decrease of 21 compared with 1947 figures. There were 5 illegitimate births, 4 males and 1 female.

Still-Births. During the year there were 6 still-births, 5 males and 1 female. This compares with a figure of 4 for 1947. There was 1 illegitimate still-birth, a male.

Deaths. 79 deaths were attributed to the district during 1948. This is a decrease of 39 as compared with the 1947 figure.

I set out below tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates with those rates for other parts of the Country. From these tables it can be seen how the district compares with the Country generally.

RATES PER 1,000 CIVILIAN POPULATION.

Year.	England and Wales.	126	148	London Admin-istrative County.	Stocksbridge U.D.
		County Boroughs and Great Towns including London.	Smaller Towns (Resident population 25,000 to 50,000 at 1931 Census).		
LIVE BIRTHS.					
1948	17.9	20.0	19.2	20.1	19.9
1947	20.5	23.3	22.2	22.7	22.6
1946	19.1	22.2	21.3	21.5	19.1
1945	16.1	19.1	19.2	15.7	19.6
1944	17.6	20.3	20.9	15.0	20.7
STILL-BIRTHS.					
1948	0.42	0.52	0.43	0.39	0.58
1947	0.50	0.62	0.54	0.49	0.40
1946	0.53	0.67	0.59	0.54	0.51
1945	0.46	0.58	0.53	0.40	*
1944	0.50	0.64	0.61	0.42	*

*Figures not available.

DEATHS (Crude Death Rate).

1948	10.8	11.6	10.7	11.6	7.7
1947	12.0	13.0	11.9	12.8	11.9
1946	11.5	12.7	11.7	12.7	9.6
1945	11.4	13.5	12.3	13.8	9.4
1944	11.6	13.7	12.4	15.7	9.5

PRINCIPAL CAUSES OF DEATH.

		Males.		Females.		Total
INFECTIVE DISEASES.						
Tuberculosis of the Respiratory System	...	2	...	3	...	5
Whooping Cough	...	-	...	3	...	3
CANCER.						
Buccal Cavity and Oesophagus		1	...	-	...	1
Stomach and duodenum	...	-	...	1	...	1
All other sites	...	7	...	-	...	7
DIABETES.	...	-	..	1	...	1
CIRCULATORY SYSTEM.						
Intra-cranial vascular lesions	...	5	...	4	...	9
Heart Disease	...	11	...	13	...	24
Other circulatory Diseases	...	-	...	2	...	2
RESPIRATORY SYSTEM.						
Bronchitis	...	3	...	-	...	3
Pneumonia	...	4	...	-	...	4
DIGESTIVE SYSTEM.						
Appendicitis	...	1	...	-	...	1
Other digestive diseases	...	-	...	2	...	2
GENITO-URINARY SYSTEM.						
Nephritis	...	-	...	1	...	1
INFANTS.						
Prematurity	...	2	...	-	...	2
Congenital Malformation	...	-	...	1	...	1
VIOLENCE.						
Road Traffic Accidents	...	1	...	-	...	1
Suicide	...	-	...	1	...	1
Other Violent Causes	...	3	...	-	...	3
ALL OTHER CAUSES	...	4	...	3	...	7

AGE DISTRIBUTION OF DEATHS.

Under 1 year	..	...	5
1 to 2 years	...	...	0
2 to 5 ,,	...	...	1
5 to 15 ,,	...	...	1
15 to 25 years	...	...	1
25 to 45 ,,	...	...	6
45 to 65 ,,	...	...	18
65 years and over	...	...	47
		TOTAL	79

Infantile Mortality. There were 5 deaths of children under 1 year of age (2 males and 3 females), equivalent to a rate of 24 per 1,000 live births. This is one death less than last year, and the rate is considerably less than that for England and Wales.

DEATHS UNDER 1 YEAR.

RATES PER 1,000 LIVE BIRTHS.

Year.	England and Wales.	126 County Boroughs and Great Towns including London.	148 Smaller Towns (Resident population 25,000 to 50,000 at 1931 Census).	London Adminis- trative County.	Stocksbridge U.D.
1948	34	39	32	31	24
1947	41	47	36	37	27
1946	43	45	37	41	32
1945	46	54	43	53	5
1944	46	52	44	61	40

AGE DISTRIBUTION OF INFANT DEATHS.

Cause of Death.	Under 1 wk.	1-2 wks.	2-3 wks.	3-4 wks.	Total under 4 wks.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total under 1 yr.
Prematurity ...	1	-	-	-	1	-	-	-	-	1
Pneumonia ...	-	-	-	-	-	2	-	-	-	2
Congenital and Wasting Diseases	-	-	-	-	-	1	-	-	-	1
Whooping Cough	-	-	-	-	-	1	-	-	-	1
TOTAL ...	1	-	-	-	1	4	-	-	-	5
1947 ...	4	-	-	1	5	-	-	-	1	6

Maternal Mortality. There were no maternal deaths during 1948.

Epidemic Diseases. There were 3 deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year.

Inquests. Inquests were held on 5 occasions, and in 2 cases the cause of death was certified by the Coroner after Post Mortem Examination without inquest.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis.

During the year a total of 465 cases of Infectious Diseases were notified. They were distributed as follows :—

Measles	...	...	354
Whooping Cough	..	88	
Scarlet Fever	...	...	18
Pneumonia	...	...	3
Diphtheria	...	...	1
Poliomyelitis	...	...	1
		—	
		465	

Attack Rate of Commoner Infectious Diseases.

Disease.		England and Wales.	148 Smaller Towns.	Stocksbridge U.D.
Scarlet Fever	..	1.73	...	1.82
Diphtheria	...	0.08	...	0.09
Typhoid Fever	...	0.01	...	0.01
Pneumonia	...	0.73	...	0.60
Measles	...	9.34	...	34.73
Whooping Cough	...	3.42	...	8.63

DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS.

Age Group.	Measles.	Whooping Cough	Scarlet Fever.	Pneumonia.	Diphtheria.	Poliomyelitis.
Under 1 year	10	...	-	...	-	-
1—2 years ...	19	...	13	...	...	...
2—3 , , ...	53	...	17	...	...	...
3—4 , , ...	58	...	15	...	...	...
4—5 , , ...	53	...	12	...	...	...
5—10 , , ...	152	...	17	...	...	...
10—15 , , ...	5	...	-	...	...	1
15—25 , , ...	3	...	1	...	...	-
25—35 , , ...	1	...	-	...	1	...
35—45 , , ...	-	...	-	...	1	...
45—65 , , ...	-	...	-	...	-	...
Over 65 years	-	...	1	...	1	...
TOTALS	354	...	88	...	3	1
						1

Scarlet Fever. During the year 18 cases were notified, a reduction of 16 compared with the 1947 figures. The disease was very mild and no deaths or morbidity have been reported.

Diphtheria. One case of Diphtheria was notified during the year. This was an adult, a female 28 years of age, who was admitted to Lodge Moor Infectious Diseases Hospital. The case was proved to be negative after thorough investigation in Hospital.

It is very gratifying to have such consistently good returns for Diphtheria, but throughout the Country generally there is a tumbling down of the rate of incidence of Diphtheria. In 1940, in England and Wales, there were 2,480 deaths from 46,281 notified cases of Diphtheria. In 1948 there were 150 deaths from 8,034 cases. The latter figures are provisional at the moment. In England and Wales the 1948 figures were the lowest ever recorded, an average of 47,000 less than the average obtaining in the ten year period from 1931 to 1940.

The National Health Service Act, 1946, places the responsibility for providing Diphtheria Immunisation upon the County Council, as the Local Health Authority. So far as your district is concerned, the County Council, as the Welfare Authority have had a scheme in operation for many years for Diphtheria Immunisation, and in practice there will be no new practical developments as a result of the coming into force of the National Health Service Act, 1946. I have no doubt that propaganda will be intensified, but one wonders whether this is really required so much now as it used to be. This protective treatment took a lot of "getting over," against the scourge of Diphtheria, but I feel perfectly confident that the parents of young children to-day are interested in this protective measure, and they are coming along without being asked to have their children immunised. In fact, the experience in our Clinics has shown that the Mothers are now taking Diphtheria Immunisation as a necessary requirement for the child's future welfare. In the Stocksbridge Urban District during 1948, 85 children under the age of 5 years, and 19 between the ages of 5 and 15 years received the protective treatment of Diphtheria Immunisation. Eight children presented themselves for the re-inforcement injection of the Antigen. Of course, one would like to see all children immunised at an early age, in short 100% response. I do not think this will ever happen. There is a certain element of the population who are natural objectors to all such schemes. I am convinced these people will learn in time by the very fact of observing the number who attend for the treatment.

Measles. Like all other districts in the immediate neighbourhood, Stocksbridge was visited by a moderately severe epidemic of Measles during 1948. 354 cases were notified, as compared with 26 in 1947. The few cases of 1947 occurred towards the end of the year, and odd cases kept cropping up throughout the first and second quarters of 1948, first quarter—9, and second quarter—3. It would appear that a crop of susceptible children arrived before the cases in the early part of the year had cleared up, and the third quarter produced quite a sharp epidemic, a total of 274 cases. The last quarter of the year showed a slight improvement, as if the epidemic was burning itself out, when 67 cases occurred. There were no deaths, and no resultant morbidity. The epidemic was fairly general throughout the whole of the Stocksbridge Urban District.

Whooping Cough. There was also a sharp increase in the incidence of Whooping Cough during 1948, a total of 88 cases compared with 39 in 1947. The incidence of Whooping Cough was beginning to become apparent towards the end of 1947, and in 1948 the majority of cases occurred in the first quarter—67. After that the incidence tailed off. There were three deaths from Whooping Cough during the year, all under the age of 5 years, and one before she had reached her first birthday.

One sometimes wonders how best to get over to the people the fact that when a child is suffering from Whooping Cough, that child is infectious. All other susceptible children are in danger of receiving infection from the child unless it is kept under strict supervision and isolation. There is no doubt the parents are anxious about a child suffering from Whooping Cough from the very fact that paroxysmal attacks of coughing instil a feeling of fear in the parents. The parents are anxious, therefore, about the child's welfare and they call for assistance. How many parents are anxious about the other child, who might get the infection from the sufferer if strict precautions are not taken?

Pneumonia. During the year there were 3 cases of Pneumonia notified as against 13 in the previous year. Four deaths were reported as due to Pneumonia during the year, and it is obvious that some cases had developed Pneumonia as a terminal factor in their illness, and had, therefore, not been notified. Each of the cases of Pneumonia notified were Acute Primary Pneumonia.

Poliomyelitis. During the year one case of Acute Anterior Poliomyelitis was notified from the district, a female aged 12 years, from Waldersyde. The child was admitted to Lodge Moor Isolation Hospital and was discharged after a period of 46 days. She continued to attend the Physiotherapy Out-patient Department for further treatment for the mild degree of paralysis of the right upper arm. The epidemic which was prevalent during 1947 gradually died away. It would appear that this epidemic was a sharp attack all over the Country in the Summer of 1947, which arrived suddenly and has more or less rapidly passed away. Needless to say, all Health Authorities have been watching for a recurrence of the epidemic, and facilities are available for immediate admission to Hospital and early treatment of all suspected cases.

Tuberculosis. There were 13 new cases of Tuberculosis notified during the year. Of these, 10 were Pulmonary and 3 were Non-Pulmonary cases. The table below shows the age and sex distribution of the cases notified.

AGE GROUP.	NEW CASES.			
	RESPIRATORY.		NON-RESPIRATORY.	
	M.	F.	M.	F.
0—1 year	-	...	-
1—5 years	...	-	2	...
5—15 ,,	...	1	-	...
15—25 ,,	...	-	1	...
25—35 ,,	...	-	2	...
35—45 ,,	...	1	-	...
45—65 ,,	...	2	1	...
Over 65 years	...	-	-	...
TOTALS	...	4	6	3

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from Pulmonary Tuberculosis employed in the Milk Trade) or under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to Hospital of persons suffering from Tuberculosis).

Infestations. During the year 4 cases of Scabies were brought to my notice. These cases received treatment in Sheffield along with all members of the respective families. No recurrence of any of the infestations was reported.

The cost of the treatment was met by the West Riding County Council.

GENERAL PROVISIONS OF THE HEALTH SERVICES.

Hospitals—INFECTIOUS DISEASES. Until 5th July, all cases of Infectious Disease which required hospitalisation were removed to Grenoside Isolation Hospital. An agreement had been made between your council and Wortley Rural District Council for this facility.

After 5th July, when the Hospitals came under the administration of the Regional Hospital Board changes were contemplated. The status quo remained for a week or two but at the end of July no more patients were admitted to Grenoside Isolation Hospital and that hospital ceased to be used. All cases requiring hospitalisation were sent to Lodge Moor Infectious Diseases Hospital, Sheffield.

MATERNITY. The arrangements for the admission of cases to Hallamshire and other County Hospitals continued to operate until 5th July when the administration was changed to the Regional Hospital Board. So far no practical change of procedure has been experienced and the Divisional Medical Officer is still asked to advise on the degree of priority of applicants. Previous to the appointed day a bureau was maintained at County Hall where all applications were received and considered and priorities decided. It was obvious this could not be ignored when the new administration came into being. Hospital beds had been booked with the County Council's bureau for an event due to take place when the Regional Hospital Board's administration was in operation. Very happily the existing scheme was allowed to continue with very good results. The ultimate change over should be smooth and uneventful.

Laboratory Services. All the necessary facilities for bacteriological, pathological, chemical examinations and analyses are provided at the Wakefield laboratory of the Medical Research Council. The director of this laboratory is always ready and willing to advise in any circumstances which call for laboratory investigations.

Ambulance Facilities. Prior to the 5th July the ambulance service in this district was provided by the Sheffield Central Ambulance Services as a result of voluntary contributions from subscribers and by arrangement with the local district council. This service covered the requirements for ordinary sick cases whilst for accident cases the Police (street accidents) and the larger works had other arrangements.

The 5th July saw the service become part of the Local Health Authority's Service. The County Council as the Local Health Authority took over the administration of the service. In some ways the service provided was not what the public had hoped for. One was conscious that many people were expecting an amazing transformation overnight. I do not think that anything was promised except that some parts of the country which had never sampled the luxury of an ambulance service would now have some degree of service. It might mean that with the limited resources of vehicles and personnel some areas which had been very well served in the past would lose a little. This seemed a fair argument and in point of fact it was actually what happened. But your district did not suffer any harm. A service was provided from the county ambulance depot at Hoyland which if less prompt in its arrival than was the previous experience, nevertheless provided the service. At the same time an arrangement was made and is still in existence and which I believe will be a fundamental factor in the final scheme that a reciprocal arrangement for a service should be provided with neighbouring County Councils, and/or County Boroughs. In the case of Stocksbridge there is an arrangement with Sheffield.

For cases of Infectious Disease ambulances are provided by the same service and in some cases by the Hospital to which the patient is to be admitted.

Clinics. The details of the Ante-natal, Infant Welfare, and other clinics are given in the Divisional Health Scheme report.

Tuberculosis. A consultation session is held each Monday in the Stocksbridge dispensary. This serves most of the area. The coming into being of the provisions of the

National Health Service Act, 1946, has made no practical change in the arrangements for Dispensary services in the Stocksbridge district. The Tuberculosis service is a specialist service under Section II of the Act, and is administered by the Regional Hospital Board. Although this service is no longer a County Council service and is not even a Local Health Authority service there is, nevertheless, a very happy relationship between the Consultant Tuberculosis Officers and the Medical Officer of Health, and for all practical purposes, the service is more or less what it was before the appointed day. It may be, that at a later date some Dispensaries will be declared redundant and others will be amplified to deal with more work, but at the present time there is no indication of any such scheme in Stocksbridge.

Venereal Disease. Treatment is available at centres in Barnsley and Sheffield, particulars of which are given below:—

Address.	Days and Hours of Attendance.	
	Men.	Women.
Barnsley,	Mon., 6—8 p.m.	Mon., 2.30—4.30 p.m.
Queen's Road	Thurs., 6—8.30 p.m.	Thurs., 2.30—6 p.m.
Sheffield	—	Tues., 4—6 p.m.
(Jessop Hospital for Women)	—	Thurs., 4—6 p.m.
	—	Sat., 11a.m.—12.30 p.m.
Royal Hospital	Tues., 6 p.m.	Thurs., 11 a.m.
	Thurs., 6 p.m.	Fri., 6 p.m.
Royal Infirmary	Tues., 5—7 p.m.	Tues., 2—4 p.m.
	Wed., 5—8 p.m.	—
	Fri., 6—8 p.m.	—

Mortuary. The only Mortuary in the District is at the Town Hall and is available for the whole of the area.

SANITARY CIRCUMSTANCES.

(Prepared by Mr. D. E. Robinson).

Nuisances.

Nuisances and Defects found :

Blocked Drains ...	...	...	10
Blocked or defective sink wastes ...	...	...	19
Blocked or defective W.C.'s ...	...	...	7
Defective Dust Bins ...	...	...	39
Defective eaves roofs and drainage therefrom ...	...	...	10
Dampness—various causes ...	...	...	10
Defective cooking ranges ...	...	...	2
Houses without a sufficient supply of water ...	...	...	4
Miscellaneous ...	...	...	13
			—
			114
Nuisances brought forward from 1947			4
			—
Total needing abatement ...	...	...	118
Abated ...	...	...	115
			—
Outstanding ...	...	...	3

Sewerage and Sewage Disposal.

No extension to the sewerage system has been made during the year, nor has any improvement to the sewage disposal works been made.

The insufficiency of a section of the valley trunk sewer has made fairly frequent maintenance necessary, and heavy settled grit has had to be removed by scraping.

Closet Accommodation.

At the end of the year there were 126 privies and 2411 water closets. It is hoped that during the next year sufficient labour will be available to re-commence the conversion of these privies within the seweraged area.

During the year five privies have been converted by owners of property and two additional W.C.'s. have been provided where there was insufficiency.

Refuse Collection.

The Council carry out the collection of household refuse by direct labour, except in the case of outlying farms. In the scavenging area there are 2554 dustbins, 126 privies and 27 dry ash pits.

The Council have placed an order for two side loading type refuse collecting vehicles, a Karrier Bantam and a Karrier C.K.3, and an improved service should be given during the next year.

At the time of writing these vehicles have been delivered and are giving satisfactory service.

Refuse Disposal.

All refuse is disposed of by tipping at Pot House Tip. A scheme for the extension of the culvert has been prepared and a tender for the work provisionally accepted. The proposals have been submitted to the Ministry of Health for approval, and if consent is given the work should be carried out during the next year. It will then be possible to tip in a much more satisfactory manner.

The Ministry of Health have approved a plan for tipping in part of the old Haywoods Quarry. When completed the ground will be restored to the original surface and needed support will be given to the narrow highway known as Quarry Hill. An undertaking has been given to use properly controlled methods of tipping.

Salvage.

The value of Salvage collected during 1948 was £214 4s. 5d. The materials sold were:—

		Weight.	Value.
		T. c. qrs.	£ s. d.
Mixed Waste and Strawboard	...	29 11 1	188 9 2
Newspaper ...	...	1 19 3	21 7 4
Rags, etc. ...	...	0 4 3½	3 19 0
Bones ...	...	0 0 1	0 1 5
String ...	...	0 1 3½	0 7 6
			£214 4 5

This figure compares with previous years as follows:—

1942. £681 14s. 6d. 1943. £569 19s. 7d. 1944. £335 3s. 9d.
1945. £227 19s. 10d. 1946. £153 4s. 1d. 1947. £88 19s. 2d.

Food Supply.

MILK. There are 37 Registered Cow-keepers in the district, keeping an average of 280 milk cows in 52 cowsheds.

The cowsheds and dairy on one farm not previously registered for milk production, were brought up to the County Council's standard for graded milk. The premises were found to be generally well kept, though some structural improvement is still needed.

One licence is in force in respect of a Pasteurising Plant and one in respect of Accredited Milk.

26 Cowkeepers sell milk wholesale and 11 retail.

OTHER FOODS. No animals have been slaughtered for sale in the Stocksbridge District since rationing was introduced. The following unsound foods were surrendered and destroyed :—

Tinned Meats	...	... 15 lbs. 12 ozs.
Tinned Fish	...	... 19 lbs. 2½ ozs.
Wet Fish	...	... 14½ stones.
Smoked Fish	...	... 2 stones.
Tinned Fruit	...	... 31 lbs. 7 ozs.
Dried Fruit	...	... 30 lbs.
Tinned Vegetables	...	... 23 lbs. 12 ozs.
Tinned Milk	...	... 28 lbs. 6 ozs.
Preserves	...	... 3 lbs.

Ice Cream.

No Ice Cream is manufactured in the district, Nine premises are registered for sale only.

Water Supply.

The Sheffield Corporation provide and distribute water in the Stocksbridge Area and there has been no complaint of insufficiency or unsatisfactory quality. Of 2954 houses, 2736 have a public supply.

Rodent Control.

The survey of the district commenced in 1947 was completed early in the year and no further evidence of infestation was found. A 10% test of the sewers was carried out late in the year and no takes were recorded.

A minor infestation was found at the sewage works and successfully treated, and four minor infestations on private property were found and advice and assistance with the treatment was given to the occupier.

Housing.

NEW HOUSES Progress on the Spink Hall Estate has been disappointing, though better than last year. 32 houses were occupied at the end of the year and the estate comprising 80 houses in all should be finished during the summer of 1949.

Work will commence on the Stubbin Estate during next year and the Council hope that progress will be much better with an improvement in the labour and materials position.

NEW HOUSES—PRIVATE ENTERPRISE. One house built by private enterprise was occupied during the year.

CLOSING OF HOUSES. Three houses were closed during the year after the occupiers had been provided with new houses.

OVERCROWDING. In the letting of the Council's houses, 27 cases of statutory overcrowding were dealt with.

New Buildings and Development.

PROPOSALS SUBMITTED FOR APPROVAL.

			Approved.	Disapproved.	Total.
Garages ...	...	...	... 12	-	12
Garages and Workshops	...	...	-	2	2
Garden Sheds, Coal Stores, Porches			7	-	7
Sanitary Conveniences	...	...	10	-	10
Pig Sties	...	...	3	1	4
Store Sheds	...	...	1	-	1
Works Canteen and Mess Room	...	...	1	-	1
Office and Works Extensions			1	-	1
Caravan Sites	...	...	-	1	1
Dairy Extension	...	...	1	-	1
Extension to Club Premises			1	-	1
House Extension	...	...	1	-	1
Electrical Sub-station	...	...	1	-	1
Conversion of Privies	...	...	1	-	1
Refuse Tip Proposal	...	...	1	-	1
Sales Shops	...	...	1	-	1
			42	4	46

GENERAL PUBLIC HEALTH

SUMMARY OF VITAL STATISTICS—1948

PUBLIC HEALTH DIVISION 22

The County Districts forming Division 22 are as follows:—

Hoyland Urban
Penistone Urban
Stocksbridge Urban
Penistone Rural
Wortley Rural

Area of Division .....	.....	.....	.....	.....	.....	89,923	acres
Estimated Population (Mid. year 1948) .....	.....	.....	.....	.....	.....	78,570	
Birth Rate (per 1,000 estimated population) .....	.....	.....	.....	.....	.....	18.4	

Death Rates (all per 1,000 estimated population).

All Causes .....	.....	.....	.....	.....	.....	.....	8.8
Cancer .....	.....	.....	.....	.....	.....	.....	1.22
Heart and Circulatory Diseases .....	.....	.....	.....	.....	.....	.....	3.11
Zymotic Diseases .....	.....	.....	.....	.....	.....	.....	0.14
Respiratory Diseases .....	.....	.....	.....	.....	.....	.....	0.88
Respiratory T.B. .....	.....	.....	.....	.....	.....	.....	0.25
Other forms of Tuberculosis .....	.....	.....	.....	.....	.....	.....	0.04
Infantile Mortality .....	.....	.....	.....	.....	.....	.....	26
Diarrhoea—Deaths in infants under 2 years of age .....	.....	.....	.....	.....	.....	.....	4.16
Maternal Mortality .....	.....	.....	.....	.....	.....	.....	NIL

BIRTHS

The number of Live Births registered in the Divisional Area during 1948 was 1,442 (males 750, females 692). This was equal to a rate of 18.4 per thousand of the estimated population.

During the year 33 Still Births were registered. Illegitimate births totalled 39; 24 males and 15 females.

DEATHS

The deaths in 1948 numbered 690 (390 males, 300 females), the Death Rate from all causes being 8.8. Unfortunately an Area Comparability Factor is not available and, therefore, it is not possible to give adjusted Death Rates. It will be appreciated, however, that the age and sex constitution of the population is not the same in different districts, and this affects the level of the Crude Death Rate. An adjusted Death Rate takes into account the variation in age and sex distribution, and is a more reliable index for comparison of different districts.

URBAN AND RURAL STATISTICS FOR 1948

These are set out below for the aggregate districts, and a comparison is afforded with the figures for England and Wales.

Annual Rates per 1,000 of the Estimated Population

	Live Birth Rate.	Death Rate.	Zymotic Death Rate.	Respiratory Diseases Death Rate.	Heart and Circulatory Diseases.	Cancer.	Tuberculosis Death Rate.	Infant Mortality.	Diarrhoea (Deaths under 2 per 1,000 Live Births).
Division 22	...	18.4	8.8	0.14	0.88	3.11	1.22	0.29	4.16
U.D's. in West Riding	...	18.3	11.8	0.12	1.34	3.98	1.83	0.44	4.17
R.D's. in West Riding	...	19.2	9.8	0.12	0.15	3.03	1.49	0.43	4.97
West Riding Administrative County	...	18.5	11.3	0.12	1.29	3.73	1.74	0.44	4.38
England and Wales	...	17.9	10.8	*	*	1.86	0.51	34	3.3

*Figures not yet available.

INFANT MORTALITY

In 1948, the deaths of infants under one year of age numbered 37, representing a rate of 26 per thousand Live Births.

The majority of the deaths of infants were from the group of causes which includes congenital debility, premature birth and injury at birth, and of these deaths most occurred in the first four weeks of life.

The general rate for Division 22 compares very favourably with that for the rest of the County.

CARE OF MOTHERS AND YOUNG CHILDREN

Estimated Population 1948 .....	.....	.....	.....	.....	78,570
Number of Live Births .....	.....	.....	.....	.....	1,442
Number of Illegitimate Births .....	.....	.....	.....	.....	39
Number of Still Births .....	.....	.....	.....	.....	33
Estimated Child Population (0-4) .....	.....	.....	.....	.....	7,839
(Supplied by Registrar General)					
Estimated Child Population (5-14) .....	.....	.....	.....	.....	11,197
(Supplied by Registrar General)					

Below I give some statistics concerning the Child Welfare Centres and/or Ante-Natal Clinics which are established in the Division. The area is very well covered for these services, there being 14 Child Welfare Centres and 9 Ante-Natal Clinics. In a number of areas where no Ante-Natal Clinic is established, there is an arrangement whereby expectant Mothers may receive Ante-Natal supervision and examination at the Child Welfare Centre. This applies in such places as Grenoside, Loxley, Oughtibridge, Stannington, Worrall and Cawthorne.

I need not emphasise the value of the "Clinic" in the everyday life of the young Mother and her baby. The Clinic has come to be recognised as a very important appointment during each week. At the Clinic the young Mother meets others, where they discuss the various idiosyncrasies of the respective children, and where they talk welfare amongst

themselves in their own way. They are able to get advice from a Doctor if it is required in the interests of the child or the Mother, and they are able to see the Nurse and discuss important domestic matters with her. In all this is a complete Welfare Service. Of course the Mothers, when they visit the Welfare, make it a social event, and one does not blame them. Anything which encourages the young Mother to attend the Clinic is important in this service. The Health Visitor, as she goes round the homes and sees the Mother and the baby in the home surroundings, advises the Mother to bring the baby to the Clinic, and it is very comforting to the young Mother to find, on going to the Clinic, that she is welcomed there by the same Nurse who visited her in her home. There is at once a feeling of confidence on the Mother's part. This is one of my main reasons for having the Health Visitor in the Clinic. There are some who say that a Health Visitor should spend her time practically exclusively visiting homes of the people, and not spending so much time in Clinics. The Health Visitor who visits the home ought to be one of the staff of the Clinic. In Division 22 we find that the Clinic is a very popular event in the day's life of the Mothers, and the attendances are extremely good.

Not all the premises in which the Clinics are held can be stated to be ideal by any means, but they are the best we can have at the moment, and it is amazing how much good work is done in those Clinics.

CHILD WELFARE CENTRES & ANTE-NATAL CLINICS

	URBAN DISTRICTS.		RURAL DISTRICTS		
	Hoyland.	Penistone.	Stocksbridge.	Penistone.	Wortley
Number of Infant Welfare sessions held each week	2	1	1	1	6
Number of Infant Welfare sessions held each fortnight	—	—	—	—	3
Number of Ante-Natal sessions held each week	2	—	—	—	2
Number of Ante-Natal sessions held each fortnight	—	1	1	—	2

CHILD WELFARE CENTRES

Name and Address of Centre. Name of Doctor and Nurse in attendance	Day and time of sessions	Total number of attendances during the year	
		Number who attended for first time during this year.	Children up to 5 years.
CHAPELTOWN Miners Welfare Pavilion Dr. A. Anderson and Miss E. Gerrard	Wednesday afternoon	131	2928
ECCLESFIELD Gatty Memorial Hall Dr. A. Anderson and Miss B. S. Ward	Monday afternoon	387	3240
GRENSIDE Scout Hut Dr. E. G. Wilson and Miss B. S. Ward	Tuesday afternoon	81	2092
HIGH GREEN Methodist Sunday School Wortley Road Dr. W. Ferguson and Miss E. Gerrard	Tuesday afternoon	91	2161
LOXLEY Congregational Chapel Dr. S. Lindsay and Miss E. M. Homeyer	Alternate Tuesday afternoons	80	682
OUGHTIBRIDGE Church Hall Dr. W. Ferguson and Miss D. Sill	Thursday afternoon	153	1566
STANNINGTON Methodist Sunday School Dr. S. Lindsay and Miss E. M. Homeyer	Wednesday afternoon	169	2217
WORRALL Memorial Hall Dr. S. Lindsay and Miss E. M. Homeyer	Alternate Tuesday afternoons	73	811
TANKERSLEY Scout Hall Dr. E. Allott and Miss D. Rimmer	Alternate Monday afternoons	9	324
HOYLAND Miners Welfare Institute Dr. J. Allott and Miss M. F. Senior	Tuesday afternoon	139	2946

CHILD WELFARE CENTRES (continued)

Name and Address of Centre. Name of Doctor and Nurse in attendance	Day and time of sessions	Total number of attendances during the year	
		Number who attended for first time	Children up to 5 years during this year.
HOYLAND COMMON Christ Church, Hoyland Road Dr. M. Allott and Miss D. Rimmer	Thursday afternoon	112	3208
PENISTONE Methodist Chapel, Shrewsbury Road Dr. M. V. Wilby and Miss W. Morris	Monday afternoon	700	1782
CAWTHORNE Golf Club (Weighing Centre only) Miss B. E. Haigh	Wednesday afternoon	141	1014
STOCKSBIDGE British Hall Dr. D. Patterson and Miss W. Morris	Tuesday afternoon	376	2142

ANTE-NATAL and OTHER CLINICS

Name and Address of Clinic. Name of Doctor and Nurse in attendance	Day and Time of sessions	Total number of attendances	
		A.N.	P.N.
CHAPELTOWN Hallamshire Maternity Home Dr. M. R. Powell	Tuesday a.m. and p.m. Thursday a.m.	1556	71
ECCLESFIELD Gatty Memorial Hall Dr. M. Rushbrook and Miss B. S. Ward	Thursday p.m.	1024	16
HIGH GREEN Methodist Sunday School Dr. W. Ferguson and Miss E. Gerrard	Wednesday p.m.	190	3

ANTE-NATAL and OTHER CLINICS (continued).

Name and Address of Clinic.	Name of Doctor and Nurse in attendance	Day and Time of sessions	Total number of attendances	A.N.	P.N.
HOYLAND Miners Welfare Institute	Dr. J. Allott and Miss M. F. Senior	Monday p.m.	766		33
HOYLAND COMMON Christ Church, Hoyland Road	Dr. M. Allott and Miss D. Rimmer	Wednesday p.m.	437		42
PENISTONE Shrewsbury Road Methodist Chapel	Dr. M. V. Wilby and Miss W. Morris	1st Friday a.m.	100		7
STOCKSBRIDGE British Hall	Dr. D. Patterson and Miss W. Morris	1st and 3rd Friday p.m.	245		15

CONSULTANT SERVICES

In conjunction with the scheme for Ante-Natal Supervision is that of the Consultant Clinic. In this area we are able to call on the services of three Consultants in Sheffield, Mr. Chisholm, Mr. Patrick and Mr. Stacey. Cases referred to these three gentlemen are invariably seen at their consulting rooms. In addition Mr. Patrick has a weekly Clinic at the Montagu Hospital, Mexborough, at which patients from the Hoyland area can be seen, and for those patients living in areas accessible to Barnsley, Mr. Stacey has a weekly Clinic at 2 Pollitt Street, Barnsley.

During 1948 the number of cases referred to the Consultants was 62.

BIRTH CONTROL

The West Riding County Council has provided a Clinic at Swinton to which Child Welfare Medical Officers can refer patients to receive advice and instruction in birth control methods in those cases where further pregnancy would be detrimental to health. During 1948 11 such cases were referred from the Division.

LYING-IN ACCOMMODATION

The area is served in the main by the Hallamshire Maternity Home. Cases are, however, admitted to the St. Helen Hospital, Barnsley, and the Princess Royal Maternity Home, Huddersfield.

The present demand on the accommodation far exceeds that which can be provided and in consequence priority is given to the following types of cases:—

- (a) Primiparae.
- (b) Patients with unsatisfactory home conditions.
- (c) Patients with abnormalities of pregnancy.

On July 5th, 1948, this service was taken over by the Regional Hospital Boards, but the authority continued to deal with this service on an agency basis until the end of the year. Consequently there were no material alterations in the service.

CARE OF PREMATURE INFANTS

Of recent years more care and attention has been paid to Premature Babies. In the final assessment of the reduction in the infantile mortality rate, it is probable that the drive for the provision of more care and attention for the Premature Baby has had a marked effect. In this Division they are zealously and carefully safeguarded so far as is humanly possible. It must be borne in mind that a Premature Baby is a special problem demanding the utmost skill for the safeguarding of its welfare. Because the Local Health Authority, through the Medical Officer of Health or the Health Visitor, or both, take an apparent "over-enthusiastic" interest in the child's welfare, it is not for any other reason than that they have the welfare of that child at heart; it is certainly not that they wish to interfere in the ordinary domestic life of the home into which the Premature Baby has arrived.

The West Riding County Council approved of a scheme whereby Health Visitors would be sent as resident students at the Sorrento Maternity Hospital in Birmingham, where a most comprehensive course in the care and welfare of Premature Babies could be received. We have one Health Visitor in our Division, Miss Rimmer, of Hoyland, who received this special training, and is available to visit the home of the infant immediately upon receipt of a notice that a premature child has been born. The West Riding County Council have also provided each Division with an outfit called a Sorrento Cot, which is composed of a special cot, with special equipment including blankets, baby clothing, Oxygen

cylinder, etc., etc. This equipment is available to be rushed out to any home where the Nurse considers that it is required for a Premature Baby. The County Council have also on their staff a Paediatrician who is available, when required, at any time to go to the home of a Premature Baby and give the Midwife or General Practitioner, or the Health Visitor, expert advice on the treatment and care of the infant. A Home Help under the Home Help scheme may also be available to go to the home to help the Mother, so that the Mother may be allowed to give her undivided attention to the care of the child. If Hospital facilities are required, then these are provided at the Jessop Hospital for Women, in Sheffield.

It is some time ago since the West Riding County Council, in their determination to do everything possible for the Premature Baby, decided to instal in the Hallamshire Maternity Home a Premature Baby Unit. In preparation for the commencement of this unit, the Matron, Miss Lancefield, was one of the first of the County staff to attend the special Course at the Sorrento Hospital to have this training. Although employed in the Hallamshire Maternity Home, Miss Lancefield has always been willing to give advice and help in any such case. Preparations for this unit were still proceeding on the 5th July, when the Hospital was taken over by the Regional Hospital Board. The County Council have now approved of a scheme whereby Midwives can attend this Course at the Sorrento Hospital, Birmingham.

DENTAL TREATMENT

Dental treatment is provided for expectant and nursing mothers attending Child Welfare Centres and Ante-Natal Clinics. Before July 5th this treatment had to be recommended by the Medical Officer. Since the coming into being of the National Health Service Act, 1946, every expectant and nursing mother is entitled to a dental examination. These schemes, however, have been very badly supported, although at the time of writing more mothers are taking advantage of the scheme to have an examination and, if found necessary, to have treatment carried out.

SUPPLY OF MILK AND OTHER FOODS

The scheme for the sale and distribution of dried milk and other foods is carried out through the Child Welfare Clinics. It includes the provision of Dried Milk Powder, Virol, Glucose D, Pure Cod Liver Oil, Olive Oil, etc. Some idea of the amount of work and time involved in the scheme can be obtained from the following table giving the yearly sales of the more popular branded supplies.

CLINIC.	Virol.	Glucose D.	Pure Cod Liver Oil.	Olive Oil.	Sunrose.	Ostermilk.	Cow and Gate.	Trufood.
HOYLAND	...	81	2115	28	78	1553	646	1943
HOYLAND COMMON	...	128	1774	—	75	551	591	2594
GRENOSIDE	...	112	498	11	41	192	268	350
CHAPELTOWN	...	79	382	9	52	687	417	1263
ECCLESFIELD	...	143	538	11	63	1363	1531	1169
HIGH GREEN	...	98	340	9	91	475	669	1028
TANKERSLEY	...	44	459	—	68	—	—	307
STOCKSBRIDGE	...	61	785	4	69	1849	300	1194
OUGHTIBRIDGE	...	77	553	7	29	439	174	541
WORRALL	...	96	263	6	—	146	483	—
LOXLEY	...	63	417	—	5	173	567	—
STANNINGTON	...	110	494	—	11	343	943	278
CAWTHORNE	...	152	1105	2	14	416	108	458
PENISTONE	...	72	487	—	53	237	108	385
PACKINGS	1 lb. 1/4 lb. pkts.	8 oz. bottles.	8 oz. bottles.	1 lb. tins.	1 lb. pkts.	1 lb. tins.

HEALTH VISITING

The mainstay of most schemes to safeguard the health of mothers and young children is the Health Visitor, who has to visit and give advice in the homes of the mothers. Since the coming into being of the National Health Service Act, 1946, the scope of the work of the Health Visitor has been greatly extended. It now includes the visiting of persons in their own homes for the purpose of giving advice as to the care of young children, persons suffering from illness, and expectant and nursing mothers, and as to measures necessary to prevent the spread of infection. In short she is to be the people's philosopher and friend from the cradle to the grave.

This is a very drastic change from the old order, and one which cannot be evolved overnight. Yet with goodwill on all sides it can be achieved. The great extension of duties demands two things, liaison with Hospitals, and close liaison with general Medical Practitioners.

So far as this Division is concerned, our relationship with the Hospitals is very good. Information asked for by both sides is readily obtained and given and there is no reason why this effective liaison should not continue.

Integration between the work of the Health Department, and the General Practitioner, is not quite so good. I think the General Practitioner can use the services of the Health Visitor more than is appreciated. In her new role the Health Visitor can materially assist in giving continued advice to patients. The family Doctor now has not the time to give this advice which helps his patients along the road to recovery.

All these ideals, however, will not be achieved until the number of nurses increases. We have seven qualified Health Visitors and four assistant Visitors. They have done and are still doing a very good job of work. Mistresses of their job and oblivious of time, they have undertaken a magnitude of tasks with cheerfulness and unselfishness which reflects the greatest credit on their abilities. We have room for fourteen Health Visitors. I hope we can get the vacancies soon filled, so that the burden on the present staff may be eased a little as they advance to the eventide of their working lives.

The following table shows the disposition of the Nurses throughout the Division.

HOYLAND NETHER U.D.

Nurse D. Rimmer—Hoyland Common.

Nurse M. F. Senior—Hoyland, Platts Common, Elsecar.

Nurse E. Chettleburgh—Hoyland, Platts Common, Elsecar.
(Asst. H.V.)

STOCKSBRIDGE U.D.

Nurse W. Morris—Stocksbridge, Bolsterstone.

Nurse D. Sill—Deepcar.

Nurse H. Dransfield—Stocksbridge and Penistone.
(Asst. H.V.)

PENISTONE U.D., PENISTONE R.D.

These areas have been covered by Nurse Morris, with the exception of Cawthorne and Silkstone, which are covered by Nurse Haigh of Dodworth.

WORTLEY R.D.

Nurse E. Gerrard) Chapeltown, High Green, Warren.

Nurse D. M. Simpson) Burncross, Thorpe Hesley.
(Asst. H.V.)

Nurse B. S. Ward) Ecclesfield, Parson Cross,

Nurse L. M. Beaumont) Grenoside.
(Asst. H.V.)

Nurse E. M. Homeyer) Stannington, Loxley, Worrall,
Bradfield.

HOME NURSING

This service was undertaken by the County Council on the 5th July, 1948. There are 13 Home Nurses, of whom 6 also undertake Midwifery. At the end of the year they had made 10,035 visits. That is a bald statement of fact, but it is no indication of the value and worth of the Home Nursing Service. The District Nurse as she was formerly known tended to be at the beck and call of every contributor to the former Nursing Associations. As a result, curative medicine, as practiced by a District Nurse, tended to become merely the care of the chronic sick.

Now the status of the Home Nurse is being raised. Many persons now sick in their own homes seek the services of the Nurse. The Doctor overwhelmed with work is now turning to the Nurse for long awaited assistance. The effects of this Doctor-Nurse partnership can indeed be very far reaching.

VACCINATION AND IMMUNISATION

During the year, the number of children immunised was 733, and 570 children received booster doses. Details are given below:—

County District.	Number of children immunised in 1948			Number given Secondary doses.
	Under 5 yrs.	5-14 yrs.	Total.	
HOYLAND NETHER URBAN ...	126	12	138	6
PENISTONE URBAN ...	87	2	89	5
STOCKSBRIDGE URBAN ...	85	19	104	8
PENISTONE RURAL ...	50	7	57	7
WORTLEY RURAL ...	244	101	345	544
TOTALS: ...	592	141	733	570

83 persons were vaccinated during the year, and 13 re-vaccinated. Details are given below:—

County District.	Number Vaccinated.	Number Re-vaccinated.	Total.
HOYLAND NETHER URBAN ...	25	6	31
PENISTONE URBAN ...	13	5	18
STOCKSBRIDGE URBAN ...	3	—	3
PENISTONE RURAL ...	10	—	10
WORTLEY RURAL ...	32	2	34
TOTALS: ...	83	13	96

PREVENTION OF ILLNESS, CARE AND AFTER CARE

TUBERCULOSIS

All notified cases of Tuberculosis are investigated with a view to ensuring that the patient avails himself of facilities for treatment and the examination and supervision of the health of contacts. In this area we have two Tuberculosis Nurses who undertake this work along with duties at the various Dispensaries. Particular emphasis is placed on the care of the children of the tuberculous patient, and in this connection housing authorities are asked to co-operate. It is gratifying to know that in this Division all the District Councils are willing to play their part in helping to overcome this difficult problem. Where necessary shelters are provided and supplies of beds and bedding are available to enable patients to sleep alone. Supplies of clothing and extra nourishment are also provided where considered necessary.

OTHER TYPES OF ILLNESS

All patients discharged from Hospital needing care and attention become the responsibility of the Health Authority. Consequently the Authority is prepared to afford any such care which may be thought necessary. In 1948, however, the demand for such care was negligible.

There was quite a brisk demand, however, for equipment held by the Home Nurses and in the Divisional Office. Such items as Bed Rests, Bed Pans, Rubber Sheets, etc. can be obtained from the Nurse, and larger items of equipment such as Wheel Chairs can be obtained through the Divisional Office.

MENTAL HEALTH SERVICE

The Mental Health Service has functioned successfully during the past year and all notified mental defectives are now supervised by a Mental Health Social Worker.

There have been 5 notifications under Section 57 of the Education Act, 1944; 3 admissions to Mental Deficiency Institutions; 2 de-certifications and 2 removals to other Authorities. The number of mental defectives under supervision as on 31.12.48 is :—

Statutory Supervision

Over 16 years of age	.....	.....	.....	61
Under 16 years of age	.....	.....	.....	27

Under Guardianship and in receipt of financial aid

11

Under Observation

9

On Licence from Institutions

3

31 Mental Defectives are in regular gainful employment and 36 are engaged in the home. 28 defectives, including children excluded from School, would benefit by Occupation Centre training and enquiries are being made in the Division to obtain suitable premises for the establishment of such a Centre, which would serve all mentally defective children excluded from School, and older defectives who would benefit from training in handicrafts, routine methods, etc.

6 patients are awaiting admission to Institutions as their parents are no longer able to give care and attention necessary for their well being. Their names have been included on the list submitted to the Regional Hospital Board and vacancies are now awaited.

DOMESTIC HELP

The County Council began a scheme for the provision of Home Helps in 1938. This related only to maternity cases, but was later extended to sickness cases. Now the Home Help has been recognised as one of the team of the Preventive Medical Services. In this Division there were 22 Home Helps available and they attended 61 cases. I should like here to pay my tribute to these ladies. Their task is not easy; much diplomacy and tact are needed. It is good to be able to report that they did their job efficiently.

MIDWIFERY SERVICE

The Domiciliary Midwifery Service in Division 22 is almost entirely undertaken by whole time Midwives employed by the Local Health Authority. In some instances—e.g. Silkstone, Penistone, Loxley, Oughtibridge—the Midwifery work is undertaken by Nurses performing the combined duties of District Nurse and Midwife.

It is to be hoped that when the supply of Nurses becomes sufficient, that the duties will be separated, and that there will be Midwives and Home Nurses each doing her separate work and not a mixture of both.

The arrangements in Division 22 for the Domiciliary Midwifery Service are very satisfactory. It has required some re-organisation in certain areas but a service is now available throughout the whole Division. The district of Parson Cross required much thought, but thanks to the Sheffield Corporation, who allowed the County Council to become tenants of one of the new houses on the estate, a Midwife was established there to deal with the increasing number of population. As the numbers of new buildings increase it will be necessary to provide another Midwife and an appeal will be made to the Sheffield Corporation for another house for a Midwife.

There are important factors to keep in mind when setting up a satisfactory Midwifery service. One is that the Midwives should be mobile. The days when the Midwife trailed round the countryside on foot, carrying her bag and any other equipment she might require, are rapidly ending. One can only pay tribute to their astonishing endurance. But it is not right to arrive at a case to perform a very skilful job tired after a long walk, and maybe drenched to the skin, the result of having to walk in a snow storm or a rain storm. The Midwife must be recognised for her skill as a specialist in a particular section of the service and not from sentiment engendered by contemplation of her amazing physical endurance albeit possessing a kindly manner. The Nurse must be provided with a car—she has heavy equipment to carry—Analgesic outfits and maybe Maternity outfits. She must arrive at her case fresh and alert for her work and she must command the respect her calling demands.

The Midwife today has a much wider field to cover than was the rule in the past. She therefore has much further to travel and mobility is essential.

In Division 22, two only are without cars. The County Council's policy is to encourage the use of cars and they pay an agreed allowance in respect of these cars. Also the County Council have a scheme for providing financial assistance to Midwives to purchase cars.

Immobile Midwives can call on Ambulance Services and Taxis if necessary.

ANALGESIA IN CHILDBIRTH

The West Riding County Council policy has always been to encourage the County Midwives to become trained in the administration of Gas and Air Anaesthesia. Arrangements have been made with certain centres to take so many of the staff and give them this training. The centres offering these facilities are Leeds, Tadcaster, Grimsby, Halifax.

At the moment of writing this report the provision of Gas and Air Analgesia in Childbirth has been given wide publicity.

So far as Division 22 is concerned there are 15 Nurses and Midwives practising Midwifery. Of these, 6 are qualified to administer Gas and Air Analgesia, and the remaining 9 are all booked up to go for training when vacancies occur in the training centres. There are two Gas and Air Machines available in the Division. This was the position as at December, 1948, but at the end of June, 1949, the number of trained Nurses has increased by 50%. There are now four machines, with more due for delivery.

During 1948, five women had this Analgesia administered.

SCHOOL HEALTH SERVICE

The children today are taller, stronger, cleaner in their habits and person than were their counterparts 50 years ago. I think it is certain that much of this change has been brought about by the steady progress in efficient School Medical Inspection. At its inception the School Health Service demanded three inspections during a child's School life, and the Education Act, 1944, still suggests three inspections—

- (1) As soon as possible after commencing School life.
- (2) During the last year in the Primary School.
- (3) During the last year of School life.

The history of the School Health Service from its commencement in 1907 to the present day, is one of progress in the study of children's diseases and in social medicine. Today, nearly every large Centre has its Specialist in Child Health, and every University its chair of Child Health. The Paediatrician, therefore, is an essential part of any service which deals with the health and welfare of children. To make the School Health Service a complete success there must, therefore, be a close link up between the Local Health Authority's preventive services and those curative services provided by the Regional Hospital Board, through their Specialist Paediatrician.

In the West Riding, Paediatricians have been appointed by the Local Health Authority, and the one giving coverage for the part of the County in which is included Division 22, is available for consultations and advice in any case where I find that it is necessary. Dr. Harvey, the Paediatrician concerned, has a close link up with the Children's Hospital in Sheffield, the Montagu Hospital, Mexborough, and the County Hospital in Wakefield.

To get back to the routine medical inspection of School children, it is obvious that to be of any use at all, it must be a meeting of the parent, the Teacher, the Doctor, the Health Visitor and, of course, the child. Each can throw some light on the child's life up to that time, and it is by pooling all that information that a complete assessment of the child's health can be gained.

I wish to emphasize that in the interests of the children and the child's welfare, it is necessary for the parent or guardian to attend when the child is medically inspected.

The Schools in Division 22 have all been inspected during the year, and the statistical review is given in tabular form below. I am sorry I cannot give separate figures for each School, as it is usual for all the figures to be lumped together and passed through for a complete County report. I hope that in the near future statistics for smaller groups of Schools will be available for the interest of the County District Councils within the Division.

Estimated number of School Children at December,
1948—12,320.

Number of Medical Inspections carried out within
Division 22 during 1948—

Special Inspections

Number Requiring Treatment

Entrants .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	372
Second Age Group .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	229
Third Age Group .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	121
												722

General Condition of Pupils

	A Good	B Fair	C Poor
Entrants	438	741	16
Second Age Group	445	472	5
Third Age Group	212	347	18

Infestation with Vermin

Total number of examinations in the Schools by School Nurses/Health Visitors 24886

Total number of individual pupils found to be infested 1832

No Cleansing Notices (Sect. 54(2), Education Act, 1944) or Cleansing Orders (Sect. 54(3), Education Act, 1944) were issued during the year.

The conditions found amongst the children which required treatment are varied. Diseases of the Ear, Nose and Throat was the largest group of conditions requiring attention, defective vision the next largest, and skin conditions occupying another large group. The infestations with Vermin were chiefly cases found by the School Nurse to be suffering from verminous condition of the head, requiring treatment, and in most cases the condition was cleared up within the course of a few days.

In connection with treatment of School children, one of the greatest obstacles at the present moment is the provision of facilities for the removal of Tonsils and Adenoids. During 1947, you will remember, when Poliomyelitis was prevalent, the operation for the removal of Tonsils and Adenoids was interdicted generally throughout the Country. We have never been able to catch up on those cases since that time, and there is a considerable time lag between discovering the cases and having the operation done. During the year I organised an Ear, Nose and Throat Operative Clinic at the

Smallpox Hospital at Hallwood, kindly rented to us by the Wortley Rural District Council. Two such sessions were held at Hallwood. On each occasion 12 children had the operation, being in-patients for 48 to 60 hours. The operation was carried out by Mr. J. Cobb, Ear, Nose and Throat Surgeon from Sheffield, who was assisted by the Consultant Anaesthetist, Dr. Rippon. The Medical staff of this Division supervised the Clinical work and the staffing was ably carried out by Health Visitors. The domestic work was done by Home Helps. After the 5th July the scheme was held in abeyance until we received the opinion of the Regional Hospital Board as to the future use of the Hospital. It is hoped that in the near future this Clinic might be re-organised.

PROVISION OF MEALS IN SCHOOLS

Division 22 of the Scheme of Preventive Medical Services for the County covers two Educational Divisions, namely Divisions 19 and 37. The No. 19 is known as Wharncliffe Division, and No. 37, Penistone. The School Meal Service in those two Divisions is now complete and arrangements have been made for all children who are desirous of having meals in School to be so provided.

In some districts, e.g. Penistone, meals are prepared in a Central Canteen and delivered in specially designed heat retaining Cabinets to the various Schools. In other parts of the district, e.g. High Green, the meals are prepared at one of the Central Schools and conveyed in the same type of Cabinet to other smaller Schools in the vicinity.

The standard of meals supplied throughout, from my own personal experience, is very good, and on the several occasions that I have seen School meals being served, there always appeared to be sufficient of a well balanced meal.

It has been difficult for all the children staying for meals to have facilities for washing before they sat down to their meal, but strenuous efforts have been made by the Head Teachers in the Schools to overcome the difficulty, and it is amazing how the normal hygiene principles have been carried out under the circumstances.

In the two Divisions, approximately 85% of School children remain for meals, and during 1948 a grand total of 1,844,200 meals were served in Schools.

